

The Primary Ear Care Centre

Ear Irrigation & Instrumentation for Healthcare Assistants & other support workers and their mentors

MENTOR APPLICATION FORM

Date of course:- _____

Title:- MRS/MISS/MS/MR

Surname:- _____ First Name(s):- _____

RCN Member:- YES/NO

Work Address: _____

Post Code:- _____ E-mail address:- _____

Work Tel No:- _____ Job Title:- _____

Qualifications:- _____

Home Address:- _____

Post Code:- _____ Home Tel No:- _____

Name of Healthcare Assistant/Assistant Practitioner who you will mentor:-

Surname:- _____ First Name(s):- _____

We may use your details to send information and updates about future events such as our bi-annual Conference. It may also be used to respond to your enquiries, questions, and/or other requests. Please tick the box if you happy for us to do so

/Cont Overleaf

Have you previously attended an ear care course?– please give title, location and date, and trainer's name (if possible)

Describe the ear care which you provide, how often, whether as part of a normal clinic or special ear care clinic:-

Have you any dietary/special needs? YES/NO

Where, and for whose attention, should the invoice to cover your course fees be sent?

If your organisation requires a purchase order before payment can be made, please attach it to this form and quote the number here:

Payment by BACS (credit transfer) is the preferred method. The remittance should quote our invoice number and be sent to: The Rotherham NHS Foundation Trust, Financial Services, C/o Woodside, 120 Moorgate Road, Rotherham, S60 2TY.

Please return this completed application form, **together with a passport-sized photograph** to:

Primary Ear Care & Audiology Services
Rotherham Community Health Centre,
Greasbrough Road
ROTHERHAM, S60 1RY

Tel No: 01709 423207/Fax: 01709 423408 Email: rg-h-tr.earcarecentre@nhs.net

PLEASE NOTE: THE FULL FEE WILL BE CHARGED IF NOTIFICATION OF CANCELLATION, IN WRITING OR BY E-MAIL, IS NOT RECEIVED AT LEAST 4 WEEKS PRIOR TO THE COURSE DATE